

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	See Schedule A (attached)
Filing Date	See Schedule A (attached)
First Named Inventor	See Schedule A (attached)
Group Art Unit	
Examiner Name	
Attorney Docket Number	4441-0000

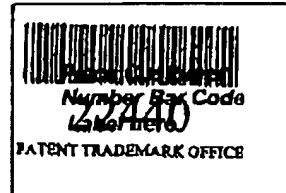
Please change the Correspondence Address for the above-identified application to:



Customer Number

22440

Type Customer Number here



OR

Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Tel phone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:



Applicant/Inventor.



Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).



Attorney or Agent of record.



Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

CAMERON HEALTH, INC.

Signature

Sen P. McLeish

Date

June 30, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signatur is required, see below.

☒ *Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY